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Bib Data Sheet

CONFIRMATION NO. 1016

SERIAL NUMBER 10/734,886	FILING DATE 12/15/2003 RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. 4004041.0030
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** CONTINUING DATA *****

Nine ✓

** FOREIGN APPLICATIONS *****

Nine ✓

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Pump operated spraying device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)